SAMPLE - Notice of Leave Exhaustion

[A similar notice will be necessary when family sick leave is exhausted and the employee will need unpaid leave under FMLA and the Parental Leave Act. FMLA notice regarding rights, responsibilities, and designation should have been sent when paid leave commenced for FMLA/PLA purposes. If the situation is not medical in nature then the employee should be notified of his/her right to request personal leave of absence without pay and provided the appropriate form(s).]

	[Date]
[Name] [Address]	
Via [Hand Delivery OR Certified Mail No]

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to provide written notice that your accrued sick [or "family sick"] and annual leave has been exhausted as of [date] – OR – will be exhausted on [date] should you not return to work. You will be paid for [# days and/or hours] of combined sick and annual leave on your [date] payroll check.

The correct procedure for requesting and being granted a leave of absence without pay and the required documentation for such leave is located at section 14 of the *Administrative Rule* of the Division of Personnel, W. VA. CODE R. §143-1-1 et seq.

In addition to a copy of Section 14 of the Administrative Rule, I have enclosed the following prescribed forms for your completion. Both you and your [or "your family member's"] physician/practitioner are required to complete documentation if it is your intention to request a [medical – if applicable] leave of absence without pay [insert the forms used by your agency which are either the DOP prescribed forms or the forms your agency's prescribed forms has chosen which have been approved by the DOP. DOP-L5/L6 can be used if L3 provides insufficient information.]:

- Physician's / Practitioner's Statement (DOP-L3)
- Application for Leave of Absence for FMLA [paid or unpaid], PLA, and/or Medical Leave Without Pay (Form DOP-L4)

OR

• [Name of Agency Forms - Approved by DOP]

Your written request must be made on the prescribed DOP-L4 form and must be received within 15 calendar days following expiration of all leave (on or before [date]). Such leave will not be considered if you fail to apply within the time limits specified. Any unpaid leave granted under the provisions of Section 14 of the *Administrative Rule* will count against and run concurrently with any entitlement you

may have under the federal Family and Medical Leave Act (FMLA) and/or West Virginia Parental Leave Act (PLA). A Notice of Eligibility and Rights and Responsibilities (Form DOP-L9) under FMLA/PLA is enclosed.

Also enclosed is an Application to Receive Donated Leave [if applicable]. For more information, you may wish to visit the Division of Personnel's website at www.state.wv.us/admin/personnel/.

During your period of absence, it is imperative that you contact [name], [title], at [telephone number] concerning any requirements that may be necessary for you to maintain your health and/or life insurance. If you have any questions or need additional information, please contact [name], [title], at [telephone number].

Sincerely,

[Appropriate Signature Authority]

Enclosures

c: Agency Personnel File
West Virginia Division of Personnel

[OPTIONAL LANGUAGE - If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.]

I have received a copy and am aware of the contents of the foregoing letter

Employee Signature

Date

[OPTIONAL LANGUAGE - If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.]

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the ______day of ______, 20_____.

[signature]_____ [typed name and title]

[NOTE: Revised 6/2013. Ensure law, rule, and policy language is current.]